

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-040007  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9914

FILED OCT 29 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in lb

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN

**St. Louis**

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

**St. Luke's Hospital**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

**6551 Dale Ave.**

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

**Burnetta**

**B.**

**Bittle**

## 4. DATE OF DEATH

Month

Day

Year

**Oct.**

**15th**

**1962**

## 5. SEX

**Female**

## 6. COLOR OR RACE

**White**

## 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**11-11-1911 50**

## 9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Book-keeper**

## 10b. KIND OF BUSINESS OR INDUSTRY

**Banking**

## 11. BIRTHPLACE (City and state or country)

**St. Louis, Mo.**

## 12. CITIZEN OF WHAT COUNTRY

**USA**

## 13a. FATHER'S NAME

**William Wilson**

## 13b. MOTHER'S MAIDEN NAME

**Elizabeth Grote**

## 14. NAME OF HUSBAND OR WIFE

**Darrell Bittle**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**No**

**None**

## 17. INFORMANT

**Mrs. Hazel Wilson**

## Address

**Above**

## 18. CAUSE OF DEATH (Enter only one cause per line - for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

**Peritonitis**

## INTERVAL BETWEEN ONSET AND DEATH

**6 days**

#### DUE TO (b)

**Ruptured Appendixes**

#### DUE TO (c)

**550.1**

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Rheumatoid arthritis**

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from **June 26, 1959** to **Oct 15, 1962** and last saw her alive on **Oct 15, 1962**  
Death occurred at **7:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**John L. Horner**

**M.D.**

## 22b. ADDRESS

**114 W. Taylor, St. Louis 8**

## 22c. DATE SIGNED

**10-16-62**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 23b. DATE

**10-18-1962**

## 23c. NAME OF CEMETERY OR CREMATORY

**Mount Lebanon**

## 23d. LOCATION (City, town, or county)

**St. Louis Co. Mo.**

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

**JAY B. SMITH, Maplewood, Mo.**

## 25. DATE RECD. BY LOCAL REG.

**OCT 17 1962**

## 26. REGISTRAR'S SIGNATURE

**Joan Smith, M.D.**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1

2 **20**

3

4 **1**

5 **1**

6

7 **6**

8 **1**

9

10

11

12 **81-0**

13

**81**



**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*H. Burgess*

Licensed Embalmer No.

*4029*

P. O. Address

*Maplewood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.